

## **City of Blue Lake**

P.O. Box 458 111 Greenwood Road Blue Lake, CA 95525

Position applied for											
Last Name	First Name		МІ								
Address	City/State	Zip	Telephone								
Front Address											
Email Address											
If under eighteen years of age, can you after an off	or of amployme	ant submit a w	ark normit? ( ) Voc. ( ) No								
If under eighteen years of age, can you, after an offer of employment, submit a work permit? ( ) Yes ( ) No											
Can you, after an offer of employment, submit verification of your legal right to work in the United States? ( ) Yes ( ) No											
can you, after an one, or employment, submit vermitation of your legal right to work in the officed states: ( ) res ( ) NO											
<b>EMPLOYMENT HISTORY</b> List any jobs you have held in the last ten years, start	ting with the mo	ost recent Inclu	de military and voluntary experience (Please use								
additional sheets if necessary.)	ung with the int	ost recent. Inclu	de illilitary and voluntary experience. (Flease use								
Employer's Name	Position Title										
Linployer's Name	rosition ritie										
Address/City/State/Zip	Describe You	r Duties									
Telephone											
Supervisor											
Starting Date Final Date											
Final Salary Hours Per Week	Reason for Le	eaving									
Employer's Name	Position Title										
Address/City/State/Zip	Describe You	r Duties									
Telephone											
Supervisor											
Starting Date Final Date											
Final Salary Hours Per Week	Reason for Le	eaving									

Employer's Name		Position Title									
Address/City/State/Zip		Describe Your Duties									
Telephone											
Supervisor											
Starting Date		Final Date									
Final Salary	ry Hours Per Week			Reason for Leaving							
				1							
EDUCATION AN	D TRAIN	NG									
School	Name & Location of School							f Study r completed	Degre	ee/Diploma Received	
High School							10 1				
College						1	2	3	4		
Technical											
Skills/Other											
Licenses/Certificates Issue/Expiration Da		te	e Issuer of License				Nur	mber if Applicable			
		es that we may co			are no	t relat	ed to	yoı	u and who hav	e definite kn	owledge
of your qualifications for the position for which you a  Name Address		те арруппу.						Phone			
the contact of a persons or othe	ny pres r organia	ent or former em	ployer to such infor	verify any in mation. I ur	forma ndersta	ition p and th	ertair at an	ning y fa	g to this appli alse statement	cation, and I	and accurate. I authorize release from liability any ns of material facts on the
Date			Signa	ture				-			